

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

APPLICATION INSTRUCTIONS FOR

SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Under the Community Development Block Grant Program, applicants can apply for one grant in one of the following categories: Community Livability, Water/Sewer, or Housing. Any questions relating to application requirements should be directed to the Office of Program Management, 312 Eighth Avenue North, 10th Floor, Nashville, Tennessee 37243-0405, Phone (615) 741-6201 (Voice/TDD).

This application is organized in basic sections. **Please complete each item or mark "not applicable."** Follow our format. Divide the application into the **five sections** as outlined and **tab**. Check off each item before you submit your application to ensure that it is complete. (Costs of application preparation are not eligible for reimbursement if the application is funded.)

Section 1 - Project Description

- ☐ Project information.
- ☐ Program narrative. This should be a clear, concise description of the project, including the problem to be solved by the project and any unusual project features.
- ☐ Implementation Plan. Mark each quarter that the activity will be undertaken.
- ☐ Existing facility inventory.
- ☐ Appropriate project area supplemental pages, i.e., water, sewer, housing, community livability.
- ☐ Statement from Utility District that they had input regarding the project, if applicable.
- ☐ Real property acquisition inventory.

Section 2 - Financial Information

- ☐ Project Budget.
- ☐ Detail of costs.
- ☐ Detail of administrative costs. This form projects the number of hours and amounts to be billed for each task. If more than one person or firm is providing administrative services, a separate form should be completed for each one.
- ☐ Local government resolution. **This must include a commitment to provide the local matching funds and include the dollar amount of those funds in the body of the resolution, along with the source of the funding, (i.e., water fund of city/county, RD loan, etc.).** If the local government expects to pass funds to a utility district or industrial development board, furnish a memorandum of agreement between the city/county and utility district/industrial development board.

- ☐ Documentation of procurement of professional services. Attach a copy of the letters sent to the firms. **The letters should be from the applicant.** *(At least three must be sent.)* **If the project is a housing rehabilitation project, then also include the documentation of procurement of the housing inspection services.**
- ☐ **You cannot sign a contract for administrative, engineering, or architectural services until after the state has approved your selection of the administrator, engineer or architect.**
- ☐ Applicant's most recent audit report. If a utility district is to be the beneficiary of the grant, their most recent audit should be included. Only one copy is required. It should be attached to the **second** copy of the application. **DO NOT BIND.**

Section 3 - Federal Compliance Information

- ☐ National objective benefit justification.
- ☐ Direct or indirect benefit form. Complete whichever is applicable. Using the target area survey information you have used in your project documentation, please complete the project beneficiary form.
- ☐ LMI verification. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. Applicants submitting an application under the LMI National Objective can conduct a Target Area Survey to document their LMI percentage. Census data is also acceptable and may be obtained from Program Management. The following items must be included in this section:
 - Target Area Survey Summary
 - Map/Survey Form
 - Map
 - Per Capita Income Calculations
 - Randomness Methodology
 - * Target Area Survey Forms for water line extensions, sewer line extensions and housing projects must be included in appendix of the original application only. We reserve the right to ask for system surveys if questions arise.
- ☐ Housing and community development needs.
- ☐ Public meeting documentation. This must include the advertisements for the meeting, minutes from the meeting, and the sign-in sheets.
- ☐ LMI/minority concentration maps.
- ☐ Title VI Compliance information
- ☐ Growth Plan information

- ☐ Displacement Plan. It is a Federal requirement that a **displacement plan be submitted with each application**. This allows the State to determine that displacement is properly being executed on projects displacing people. A format is provided which must be completed for every application submitted. If you have no displacement, you will simply fill in the name of the applicant, include a brief description of the project, and answer numbers 2 through 6 as not applicable.
- ☐ Disclosure Report. It is a Federal requirement that a **disclosure report be submitted with each application**. Disclosure of the sources and uses of government funds, the financial interests of individuals involved in this project, as well as other government assistance provided must be made on this form.

Section 4 - Engineering Information

A preliminary engineering report is required for all construction activities except housing. It should include a map showing the existing and proposed water/sewer improvement. The report should include a description of the project area, a thorough discussion of the problem being addressed in the application, proposed solution and other necessary information to the CDBG application. Cost of this report is not eligible for reimbursement.

The Construction Cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the Construction Amount in the project budget.

Section 5 - Appendix

- ☐ Test results for water/sewer line extension projects or water system (pressure) projects.
- ☐ Support letters, etc.
- ☐ Target Area Survey Forms for water line extensions, sewer line extensions and housing projects.

Please submit three (3) copies of your application. **All copies must be bound on one side.** Copy 1 should be marked as the original and in a three ring binder. Copy 2 will be the finance copy. Attach the audit to this copy. Copy 3 is the other agency's review copy. **Only three ring binder notebooks will be accepted.** Please number the pages consecutively. **Quantitative information should be consistent throughout the application, including the engineering report.**

TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICANT: _____

PROJECT TITLE: _____

Type of Project: [Check **one** of the four major categories plus **one** of the appropriate subcategory(ies)]☐ **Housing**☐ **Community Livability**☐ **Water**☐ **Sewer**☐ Fire Protection☐ Streets☐ Drainage☐ Buildings☐ Other☐ System☐ Source☐ Treatment Plant☐ Storage☐ Rehabilitation☐ Line Extension☐ System☐ Line Extension

TOTAL COST: \$ _____

CDBG REQUEST: \$ _____

OTHER FUNDING\$ _____
\$ _____
\$ _____**SOURCE**_____

_____**STATUS**_____

_____**National Objectives:** (Check one)☐ Low and Moderate Income☐ Imminent Threat☐ Slums and Blight**Project Profile:** ❶

LMI percentage: _____

County Unemployment Rate

2004 ❷ _____%

1994-2003 ❷ _____%

Per Capita Income

Target Area Survey \$ _____

1999 Income ❷ \$ _____

Development District: _____

County: _____

Applicant's Population: _____

Applicant's Minority Percentage: _____

Is the applicant a Three-Star community? _____ Yes _____ No

Chief Executive Officer:Name _____
Mailing _____
Address _____

Title _____

Phone _____

Fax _____

Signature _____

Application Preparer:

Name _____

Agency _____

Signature _____

Phone _____

E-mail _____

- ❶ Information should be based on location of beneficiaries.
- ❷ Information distributed by Program Management.

Applicant/Project : _____

DESCRIPTION *(Be specific and include total number of persons and LMI percentage):*

Local Contact:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Utility Contact:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Engineer/Architect:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Administrator:

Name _____
Mailing _____
Address _____

E-mail _____

Title _____

Phone _____

Applicant/Project : _____

State Legislators:

Name _____
Home
Address _____

Title State Senator

Phone _____

Name _____
Home
Address _____

Title State Representative

Phone _____

Name _____
Home
Address _____

Title _____

Phone _____

Federal Legislators:

Name Bill Frist
Mailing SR-416 Russell Senate Office Bldg.
Address Washington, DC 20510

Title U.S. Senator

Phone (202) 224-3344

Name Lamar Alexander
Mailing SD-B2 Dirksen Senate Office Bldg.
Address Washington, D.C. 20510

Title U.S. Senator

Phone (202) 224-4944

Name _____
Mailing _____
Address _____

Title U.S. Representative

Phone (202)

Applicant/Project : _____

PROGRAM NARRATIVE

Provide a brief description of the project. Be specific. State the major problem that is to be solved by this project, how each proposed improvement addresses the major problem and any unusual features of the project. Please limit your description to **three pages** or less.

Application/Project: _____

Implementation Plan

List below activities to be completed by quarter.

Activity	10/01/2005 12/31/2005	1/01/2006 3/31/2006	4/01/2006 6/30/2006	7/01/2006 9/30/2006	10/01/2006 12/31/2006	1/01/2007 3/31/2007	4/01/2007 6/30/2007	7/01/2007 9/30/2007
Environmental Review								
Administration								
Fair Housing Activity								
Appraisals								
Acquisition								
Legal Services								
Engineering Design								
Other Engineering Services								
Construction								
Construction Inspection								
Relocation								
Housing Rehabilitation								
Housing Inspection								
Clearance								
Fire Equipment Bid								
Fire Equipment Purchase								
Other								
Close-out								

EXISTING FACILITY INVENTORY

Complete the following information on existing and under-construction facilities which **relate to the proposed project**. This information should be completed for any project using water and/or sewer services. Include documentation in engineering report when applicable.

A. Water Source

Type and Capacity of Source (GPD):	Existing	Proposed	Total
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Subtotal	_____	_____	_____
Average Daily Demand (GPD)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____

B. Water Treatment Plant*

Name of System _____	Existing	Proposed	Total
Design Capacity (GPD)	_____	_____	_____
Average Daily Demand (GPD) (July 2003 through June 2004)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____
Average Daily Pumping Time (Hours)	_____	_____	_____
Average Percentage Water Loss (July 2003 through June 2004)	_____	_____	_____
Average Daily Water Sold (GPD) (July 2003 through June 2004)	_____	_____	_____

* For applicants without a treatment plant, report the average water pumped and average water sold for your system only.

NOTE: WHEN THE APPLICATION IS FOR BUILDINGS, DOCUMENTATION OF ADEQUATE WATER PRESSURE FOR FIRE PROTECTION MUST BE PROVIDED.

C. Water Storage Volume

Total Storage Capacity _____ MG (with clearwell)

Total Distribution Storage Capacity _____ MG (without clearwell)

Capacity Available for Public Fire Protection _____ MG

D. Sewage Treatment Plant

Name of System _____	Existing	Proposed	Total
Design Capacity			
Hydraulic (MGD)	_____	_____	_____
Organic Loading (lbs/day)	_____	_____	_____
Average Daily Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

Include a copy of the NPDES permit limits for existing plants in the Appendix. If a new discharge permit is required, attach a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade.

- E. Are any of the existing facilities related to the proposed project presently under citation from the Tennessee Department of Environment and Conservation or the U.S. Environmental Protection Agency due to permit violations?

☐ Yes ☐ No.

If yes, identify facility and violation and include a copy of the citation in the Appendix.

INSERT THE FOLLOWING ITEMS HERE:

The appropriate project area supplemental pages

The statement from the utility district or city utility department that they have had input regarding the project.

Applicant/Project : _____

PROJECT BUDGET

	Total Cost	CDBG	Local	Other* _____	Other* _____
Construction <i>(Attach Detail)</i>					
Construction Inspection					
Engineering Design					
Other Engineering Services <i>(Attach Detail)</i>					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Housing Rehabilitation					
Housing Inspection					
Clearance					
Project Contingency					
Administration <i>(Complete Detail of Administrative Costs Form)</i>					
Environmental Review					
Tap Fees for LMI's					
Other <i>(Attach Detail and Specify)</i>					
TOTAL	\$	\$	\$	\$	\$

* If other funding has been approved, attach a copy of the approval.

Applicant/Project : _____

DETAIL OF COSTS

OTHER ENGINEERING SERVICES

Surveys	\$ _____
Geotechnical	_____
Sewer Plant Start-up	_____
Total	\$ _____

OTHER:

How long will construction take?

Will any of the project be done using force account?* ____ yes ____ no.

NOTE: Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
2. Details of experience with projects of like or similar nature.
3. Information on workload as it may affect capacity to do the work within time frame or work schedule.
4. Justification for doing the work by force account rather than by contract.
5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.

* This includes service lines and/or hookups.

DETAIL OF ADMINISTRATIVE COSTS (continued)

DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services _____

TASK	Projected Number of Hours	Amount
1. <u>Environmental Review Record</u>		
A. Project Not In Floodplain B. Project In Floodplain C. Project Requiring Archaeological Survey		
2. <u>Project Files</u>		
A. Set Up B. Monthly Maintenance/Update		
3. <u>Fair Housing/Equal Opportunity</u>		
A. Fair Housing Activity B. Equal Opportunity 1. Section 3 Plan 2. On-Site Poster Documentation 3. Contact Female/Minority Contractor 4. Contractor/Subcontractor Activity Report		
4. <u>Acquisition - Fee Simple</u>		
A. Identification of Properties To Be Acquired and Locating Property Owners B. Compilation of Case Files and Ongoing Record Keeping C. Coordinating Services of Title Attorney, Surveyor and Appraisers D. Negotiation to Purchase and Final Sale and Closing		
5. <u>Relocation</u>		
A. Identification of Relocation Needs and Available Resources B. Compilation of Case Files and Ongoing Record Keeping C. Identify Comparables and Maintain Records on Available Housing Market		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
6. Housing Rehabilitation		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre- bid Activity		
D. Release of Liens, Certification of Completion/Final Inspection		
E. Pay Requests and Record Keeping for Escrow Accounts		
F. Quarterly Performance Reports		
7. Housing Inspection		
A. Monitoring Ongoing Construction and Scheduling Inspections and Write-Ups		
B. Inspections		
C. Final Inspections		
8. Clearance		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Releases and Payment to Contractor		
9. Labor Compliance		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre- Construction Conference		
E. Coordinate and Conduct Pre- Construction Conference		
F. Prepare Minutes of Pre- Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding – Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
10. Fire Protection		
A. Prepare/Submit Equipment Specifications		
B. Advertise		
C. Coordinate Bid-Tabs Approval		
D. Photograph Items Purchased		
11. Financial Management		
A. Authorized Signature Cards		
B. Designation of Depositary		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
12. State Monitoring		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
13. Close-Out		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project : _____

INSERT THE FOLLOWING ITEMS HERE:

Local Government Resolution

Documentation of Procurement of Professional Services

If housing rehabilitation project, documentation of procurement of housing inspection services.

NOTE: You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect.

Applicant/Project : _____

NATIONAL OBJECTIVE BENEFIT JUSTIFICATION

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Important Notices.

STATE STAFF USE ONLY			
National Objective Verified	<input type="checkbox"/>		
Construction	<input type="checkbox"/>	Clearance	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Housing Rehab	<input type="checkbox"/>	Other	<input type="checkbox"/>
Eligible Activities Verified: _____			

Tennessee Department of Economic and Community Development

DIRECT BENEFIT FORM

Name of Grantee _____

Activity Name	Persons that the activity will serve		Minority* Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage _____

A direct benefit is an activity which requires the beneficiary to submit an application or to complete a personal record as an integral part of receiving the benefit of that activity. This chart will be filled out by all grantees that have direct benefits. This chart should only reflect CDBG money.

* If an entry is made in the column, please refer to the attached sheet.

MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander

6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

Low and Moderate Income Breakdown

Grantee

LMI

30% _____

50% _____

80% _____

Tennessee Department of Economic and Community Development

INDIRECT BENEFIT FORM

Name of Grantee _____

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage _____

An indirect benefit is an activity that will benefit the entire community. It must reflect CDBG money only.

* If an entry is made in this column, please refer to the attached sheet.

MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

Low and Moderate Income Breakdown

Grantee

LMI

30% _____

50% _____

80% _____

2005 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

1. Applicant _____, Tennessee
2. Project Name _____
3. Date of Survey _____
4. Name of Resident _____
5. Address _____

(No P.O. Box #)

(City)

(County)

Map # _____

Check one:

- ☐ House is inside city limits.
☐ House is outside city limits.

6. Residence Status (check one) ☐ Owner ☐ Renter (Owner's Name _____)

7. Number of Persons in Household _____

8a. RACE

8. Number of Minorities in Household _____

☐ African-American,
not Hispanic

9. Number of Persons with a Disability _____

☐ Hispanic

10. Number of Persons 62 or Older in Age in Household _____

☐ Asian or Pacific Islander

11. Is Head of Household Female? (check one) Yes ☐ No ☐

☐ Native American/Alaskan
Native

12. Total Annual Household Income (complete A or B)

A. Intervals (check one)

Less than \$2,500	<input type="checkbox"/>	\$15,000-\$17,499	<input type="checkbox"/>	\$30,000-\$32,499	<input type="checkbox"/>
\$2,500-\$4,999	<input type="checkbox"/>	\$17,500-\$19,999	<input type="checkbox"/>	\$32,500-\$34,999	<input type="checkbox"/>
\$5,000-\$7,499	<input type="checkbox"/>	\$20,000-\$22,499	<input type="checkbox"/>	\$35,000-\$37,499	<input type="checkbox"/>
\$7,500-\$9,999	<input type="checkbox"/>	\$22,500-\$24,999	<input type="checkbox"/>	\$37,500-\$39,999	<input type="checkbox"/>
\$10,000-\$12,499	<input type="checkbox"/>	\$25,000-\$27,499	<input type="checkbox"/>	\$40,000-\$42,499	<input type="checkbox"/>
\$12,500-\$14,999	<input type="checkbox"/>	\$27,500-\$29,999	<input type="checkbox"/>	\$42,500-\$44,999	<input type="checkbox"/>
				\$45,000 or more	<input type="checkbox"/>

B. Exact Amount \$ _____

Complete for water and sewer line extensions only.

13. If water/sewer service were available at a minimum monthly bill of \$_____ and a meter deposit of \$_____, would you be willing to hookup to the water/sewer service?
(check one) Yes ☐ No ☐
14. If a tap fee of \$_____ is required, would you be willing to hookup to the water/sewer service?
(check one) Yes ☐ No ☐

Complete for water line extensions only.

15. What is your source of water?
(check one) Well ☐ Spring ☐ Other ☐ N/A ☐

2005 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

16. How many days per year are you without water?
- (check one)
- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | No days without water |
| <input type="checkbox"/> | 1 - 90 |
| <input type="checkbox"/> | 91 - 180 |
| <input type="checkbox"/> | 181 - 270 |
| <input type="checkbox"/> | 271 - 360 |

Instructions for Completing 2005 CDBG Target Area Survey

1. Indicate the name of the city/county applicant here. It should be on every survey.
2. The title of the project should be listed here. It should be on every survey.
3. Enter the actual date that the survey was conducted.
4. Print the full legal name of the resident(s) here. If married, put both husband and wife's first names.
5. Print the mailing address of the residence here. List the appropriate map number that corresponds with the residence's map # in space provided..
6. There must be an occupied dwelling at this address. If the project is a line extension project and the occupant is a renter, fill in the owner's name and attach another Target Area Survey for the owner.
7. Indicate the total number of people living in the house.
8. Indicate the total number of minority persons living in the house. This includes both adults and children. Also mark which race they are. (African-American, Native American, Hispanic, Asian, etc.)
9. Indicate the total number of persons with a disability.
10. Indicate the total number of people living in the house who are 62 or older.
11. Indicate if the head of household is a female.
12. Check income range the household falls within or write the exact income.
13. Enter the dollar amount of the minimum monthly bill and the amount of the meter deposit, if any. Quote these amounts to the residents and ask them if they are willing to hookup. This is **required** only for water and sewer line extension projects.
14. Enter the amount of the tap fee, and ask the residents if they would be willing to pay to hook up.
15. Indicate the current source of the residence's water.
16. If the residents are without water during the year, ask them how many days that occurs.

INSTRUCTIONS TO COMPLETE TARGET AREA SURVEY SUMMARY FORM

BOX

A	=	Total number of houses actually surveyed (<i>i.e., a response was obtained</i>)
B	=	Total number of LMI houses
C	=	Total number of persons in the houses surveyed (<i>in A</i>)
D	=	Total number of LMI
E-H	=	Number of persons (<i>information obtained from surveys</i>)
AA	=	Actual field count of houses in the target area
I	=	$\frac{A}{AA}$ (<i>For line extensions, this is 100%</i>)
J & JJ	=	$\frac{B}{A}$
K & KK	=	$\frac{D}{C}$ (<i>Round to one decimal place</i>)
L & LL	=	$\frac{E}{C}$
M & MM	=	$\frac{F}{C}$
N & NN	=	$\frac{G}{C}$
O & OO	=	$\frac{H}{C}$
BB	=	(JJ) x (AA)
CC	=	$\frac{(C)}{(A)} \times (AA)$ (<i>Round at end only</i>)
DD	=	(CC) x (KK)
EE	=	(CC) x (LL)
FF	=	(CC) x (MM)
GG	=	(CC) x (NN)
HH	=	(CC) x (OO)

* For line extension projects, complete only A-O.

TARGET AREA SURVEY

SUMMARY

HOUSES

	Total	Response Rate	Total LMI
No.	A		B
%		I	J

PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
C	D	E	F	G	H
	K	L	M	N	O

No.	AA		BB
%	100		JJ

CC	DD	EE	FF	GG	HH
	KK	LL	MM	NN	OO

REQUIRED RESPONSE RATES FOR **ALL** PROJECTS EXCEPT LINE EXTENSIONS WHICH REQUIRE 100% RESPONSE RATE

NO OF HOUSES

RESPONSE RATE

0	-	49	89%
50	-	99	80%
100	-	249	61%
250	-	499	43%
500	-	999	28%
1000	-	2499	14%
2500	-	4999	7%
5000	+		4%

Beneficiary Information

COMPLETE THIS FORM FOR ALL PROJECTS

Number of Beneficiary Households _____ **
(This is the same number as AA on the Target Area Survey Summary sheet)

Number of Households INSIDE the _____ LIMITS *
CITY

Percentage of Households INSIDE the City Limits _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

Number of Households in _____ *
COUNTY

Percentage of Households in the County _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

Number of Households in Another _____ *
CITY/COUNTY

Percentage of Households in Other Jurisdiction _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

* These numbers will equal ** this number

*** These percentages will equal 100%

IF ALL BENEFICIARIES LIVE IN ONE JURISDICTION (CITY OR COUNTY) DO NOT USE
WEIGHTED AVERAGES.

MAP/SURVEY FORM INSTRUCTIONS

These should be completed for all system-wide projects except water systems (pressure tested).

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

MAP/SURVEY FORM

[illegible]**TOTALS**

--	--

[illegible]**TOTALS**

--	--

TOTAL **No. of Houses Surveyed This Page** _____ **Total Project** _____

* Indicate if a house is vacant.

MAP/SURVEY FORM INSTRUCTIONS

Water Systems (Pressure Tested)

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Use the test results only for houses that completed a target area survey.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

HOUSE/MAP NUMBER*	NOT SURVEYED	TOTAL PERSONS	LMI PERSONS	PRESSURE TEST RESULTS
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* Indicate if a house is vacant.

Water Line Extension

TOTAL	

* Indicate if a house is vacant.

MAP/SURVEY FORM INSTRUCTIONS
for
Sewer Line Extensions

1. All houses in the target area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...
2. If the homeowner indicated that they did not want service, place an **X** in this column.
3. The septic tank test results should be listed in this column.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

The map should be inserted here. It must be keyed to the map/survey form on the preceding page. The map should fit within the application. A **large foldout map** is acceptable and may be placed in a pocket in the application.

INSTRUCTIONS FOR PER CAPITA INCOME CALCULATIONS

A. Use 2005 TAS results

- Exact income obtained to calculate PCI directly
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ PCI}^{\textcircled{2}}}{1999 \text{ MFI}^{\textcircled{3}}} = \frac{2005 \text{ PCI}}{2005 \text{ MFI}}$$

$$2005 \text{ PCI} = 2005 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

B. Steps to Calculate MFI and PCI

	Intervals	Number in Each Interval	Cumulative
1.	Less than 2,500	20	20
2.	\$ 2,500 - 4,999	20	40
3.	\$ 5,000 - 7,499	30	70
4.	\$ 7,500 - 9,999	40	110
5.	\$ 10,000 - 12,499	30	140
6.	\$ 12,500 - 14,999	30	170
7.	\$ 15,000 - 17,499	20	190
8.	\$ 17,500 - 19,999	10	200
9.	\$ 20,000 - 22,499	0	
10.	\$ 22,500 - 24,999	0	
11.	\$ 25,000 - 27,400	0	
12.	\$ 27,500 - 29,999	0	
13.	\$ 30,000 - 32,499	0	
14.	\$ 32,500 - 34,999	0	
15.	\$ 35,000 - 37,499	0	
16.	\$ 37,500 - 39,999	0	
17.	\$ 40,000 - 42,499	0	
18.	\$ 42,500 - 44,999	0	
19.	\$ 45,000 or more	0	

1. Rank surveys lowest to highest and place results in appropriate interval.
 - 20 surveys/family in 1 interval
 - Etc.
2. Midpoint or Median = Total Surveys/2
 - $200/2 = 100$ **(Round here)**
 - In 4th interval or \$7500-9999 range
3. 100 Survey Will Equal
 - 70 surveys in intervals 1, 2, 3 PLUS
 - 30 of 40 surveys in this 4th range
4. Assume these 40 spread out evenly within this interval **(Use fraction)**
 - Then 30 survey is $(30/40) = 3/4$ of way into this interval
5. To find this number take $3/4$ of interval and add this to lower limit

$$3/4 (9999-7500) + 7500 = \$9374 \text{ (Round here)}$$
6. \$9374 represents midpoint of these 200 surveys and is 2005 MFI
7. Plug this number into equation to get 2005 PCI

$$2005 \text{ MFI} (1999 \text{ PCI}/1999 \text{ MFI}) = 2005 \text{ PCI (Round here)}$$

^① 1999 Data from 2000 Census
^② Per Capita Income
^③ Median Family Income

Applicant/Project : _____

WORKSHEET FOR PER CAPITA INCOME CALCULATIONS

A. Use 2005 TAS results

- Exact income obtained to calculate PCI directly
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ ① PCI ②}}{1999 \text{ MFI ③}} = \frac{2005 \text{ PCI}}{2005 \text{ MFI}}$$

$$2005 \text{ PCI} = 2005 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

B. Calculate MFI and PCI

Intervals		Number in Each Interval	Cumulative
1.	Less than 2,500	_____	_____
2.	\$ 2,500 - 4,999	_____	_____
3.	\$ 5,000 - 7,499	_____	_____
4.	\$ 7,500 - 9,999	_____	_____
5.	\$ 10,000 - 12,499	_____	_____
6.	\$ 12,500 - 14,999	_____	_____
7.	\$ 15,000 - 17,499	_____	_____
8.	\$ 17,500 - 19,999	_____	_____
9.	\$ 20,000 - 22,499	_____	_____
10.	\$ 22,500 - 24,999	_____	_____
11.	\$ 25,000 - 27,499	_____	_____
12.	\$ 27,500 - 29,999	_____	_____
13.	\$ 30,000 - 32,499	_____	_____
14.	\$ 32,500 - 34,999	_____	_____
15.	\$ 35,000 - 37,499	_____	_____
16.	\$ 37,500 - 39,999	_____	_____
17.	\$ 40,000 - 42,499	_____	_____
18.	\$ 42,500 - 44,999	_____	_____
19.	\$ 45,000 or more	_____	_____

Show steps 1-7 here.

-
- ① 1999 Data from 2000 Census
② Per Capita Income
③ Median Family Income

Per Capita Income Calculations (Multi-Jurisdictions)

Complete the Per Capita Income calculations for each area, then multiply by the percentage of connections in that area.

City:	$\frac{(2005MFI)(99PCI)}{(99MFI)}$	=	2005 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____
County:	$\frac{(2005MFI)(99PCI)}{(99MFI)}$	=	2005 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____
Other:	$\frac{(2005MFI)(99PCI)}{(99MFI)}$	=	2005 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____

Total for Target Area _____

City	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____
County	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____
Other	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____

Total for 1999 Per Capita Income _____

INSERT THE FOLLOWING ITEMS HERE:

Per Capita Income Calculations

Randomness Methodology

Give a description of how the target area surveys were conducted. Give the name of the person(s) who conducted the survey, their address and telephone number.

THE WATER OR SEWER LINE TEST RESULTS SHOULD BE INSERTED IN AN APPENDIX.

If your project is a sewer line extension project and your community has a local ordinance requiring mandatory hook-up, please include in the appendix. Also include a letter from the chief elected official which states that the ordinance will be enforced.

Applicant/Project : _____

HOUSING AND COMMUNITY DEVELOPMENT NEEDS

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities and disabled persons along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs. **Explain why this project was submitted for funding rather than other projects that might have been submitted.**

INSERT THE FOLLOWING ITEMS HERE:

1. Public meeting documentation. This must include the advertisement, minutes from the meeting, and the sign-in sheets.
2. LMI/minority concentration maps.

"AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole; or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."

In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

3. Title VI Compliance Information (See guidelines)
4. Growth Plan Information (See questions)

TITLE VI COMPLIANCE INFORMATION FOR CDBG APPLICATIONS

1. List by name members of the municipal or county legislative organization (city council or county commission) submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

2. List by name members of the municipal or county planning commission who serve the local government submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs, and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:
 - a. A description of the process that was used to secure the participation of minorities in this meeting.
 - b. The number of individuals who participated in the public meeting and the number who are of the following racial classifications:
 1. African American, not Hispanic
 2. Hispanics
 3. Asian or Pacific Islanders
 4. Native American/Alaskan

Applicant/Project : _____

GROWTH PLAN

All state grant applications administered by the Department of Economic and Community Development must include supporting documentation that the county joint economic and community development board is legally established, is composed of the minimum required members, and that the board and its executive committee have met according to state law. A copy of the interlocal agreement and certified minutes shall be the minimum acceptable documentation. Every local government applying for a state grant administered by this department must provide records that document a minimum of four board meetings and eight executive committee meetings were held during the previous twelve months.

Applicant/Project : _____

DISPLACEMENT PLAN FORMAT (This must be completed for all applications.)

The [jurisdiction] will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

The [jurisdiction] will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the [jurisdiction] will take the following steps to minimize the displacement of persons from their homes:

1. [To be completed by jurisdiction.]

PRELIMINARY ENGINEERING/ARCHITECTURAL REPORT

A preliminary engineering/architectural report must be inserted in the application. If the application is for water and sewer work, the engineering report must follow the guidelines established in the design criteria for water or sewer projects as provided by the Department of Environment and Conservation. Copies of the design criteria for water projects may be obtained from the Division of Water Supply. Copies of the design criteria for sewer projects may be obtained from the Division of Water Pollution Control.

If a project is submitted for work other than water and sewer, the preliminary engineering/architectural report should conform to commonly accepted engineering standards.

The plans and specifications must be stamped by a qualified professional registrant in accordance with state law.

The construction cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the construction amount in the project budget.

Engineers/Architects need to submit their preliminary report to the Application Preparer 30 days prior to the deadline. This will allow sufficient time to compare the narrative part of the application with the engineering report for a consistent application.